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Draft country programme document**

Azerbaijan

Summary

The Executive Director presents the draft country programme document for Azerbaijan for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $4,760,000 from regular resources, subject to the availability of funds, and $4,700,000 in other resources, subject to the availability of specific purpose contributions, for the period 2005 to 2009.

* E/ICEF/2004/8.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF web site in October 2004, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2005.

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Basic data (2002 unless otherwise stated)	
Child population (millions, under 18 years)	3.0
U5MR (per 1,000 live births)	105
Underweight (%, moderate and severe) (2001)	7[a]
Maternal mortality ratio (per 100,000 live births, 2001)	25
Primary school enrolment (% net, male/female, 2000)	88/88
Primary school children reaching grade 5 (%, 2000)	99
Use of improved drinking water sources (%, 2000)	78
Adult HIV prevalence rate (%, 2001)	< 0.1
Child work (%, children 5-14 years old, 2000)	8
GNI per capita (US$)	710
One-year-olds immunized against DPT3 (%)	97
One-year-olds immunized against measles (%)	97

[a] Age group 3-59 months.

The situation of children and women

1. Azerbaijan has experienced a prolonged and difficult political, social and economic transition. It also has the opportunities and problems of an economy dependent on a single sector-energy. The country is oil-rich, but the benefits of rapid economic growth, driven primarily by foreign direct investment, have not been felt by the majority of the population, one half of whom live in poverty and whose social indicators are deteriorating.

2. The long-standing conflict with Armenia remains unresolved. Displacement from the conflict in 1991 continues to cause human suffering today. There are over 1 million internally displaced persons (IDPs) and refugees from Armenia and other countries, over one half of them women. Displacement confers a high degree of vulnerability, with levels of poverty that are 20 per cent percent higher than the national average.

3. The infant mortality rate is high, at 79 per 1,000 live births. The 1999 census indicated that one fifth of economically active citizens considered themselves jobless. Unemployment among young people between 20 and 35 years of age is as high as 60 per cent, and is a major factor contributing to poverty in the country.

4. The Committee on the Rights of the Child has made recommendations to strengthen the legislative framework in the area of child rights. Consistent with these recommendations, the Government has ratified the two Optional Protocols to the Convention on the Rights of the Child and International Labour Organization (ILO) Convention 182 on the worst forms of child labour. These achievements were reflected in Azerbaijan's second report to the Committee. The National Plan on Street and Neglected Children was adopted by the Cabinet of Ministers in 2003, but is yet to be implemented in full. Much remains to be done to implement all of the Committee's recommendations, particularly in terms of institutional capacity development and behavioural change to fill the policy gaps and to operationalize existing commitments.

5. Discrepancies with official statistics make international comparisons and assessment of trends difficult. Inadequate standards for collecting official data have resulted in underestimation of the problems facing the country. The most important gap in official and survey data is found in infant, child and maternal mortality rates. Azerbaijan has the highest child mortality rate in the Commonwealth of Independent States, which is particularly striking given its per-capita gross national product.

6. Respiratory disease is the main killer of infants, accounting for approximately one half of total deaths, with diarrhoeal diseases as the second most frequent cause. Children's poor nutritional status is a major underlying cause of child mortality. One in six children under five years of age is underweight and almost one fifth of children are stunted. These figures hide significant regional disparities; for example, children under five years of age in Nakchivan Autonomous Republic and West and Southwest have levels of severe stunting that are twice the national average. Household wealth appears to correlate very strongly with nutritional status. Levels of underweight among children in households living in poverty are twice those of wealthier households.

7. As many as 15 per cent of births in the country may go unregistered, on account of bureaucratic procedures and the existence of informal payments for registration. Surveillance systems on sexually transmitted infections and HIV/AIDS remain weak.

8. The rate of household consumption of iodized salt reached 70 per cent in 2003, bringing universal salt iodization closer. According to the recent survey results, four out of five children under five years of age have vitamin A deficiency, while almost one fifth of women suffer from anaemia.

9. Only 11 per cent of children attend some form of pre-school, with large discrepancies between rural (4 per cent) and urban (19 per cent) areas. More than two thirds of pre-schools are also in a poor state of repair. Attendance at early childhood programmes is most common in Baku (20 per cent) but almost non-existent in the south of the country, where less than 1 per cent of children do so.

10. The quality of education has deteriorated since the transition began. Many teachers have left the educational system because of the declining value of their salaries and a deteriorating school environment. Although enrolment rates are monitored regularly, no routine data are gathered on attendance rates disaggregated by gender. A Ministry of Education study on learning achievements found that girls are particularly disadvantaged. These findings are not conclusive and merit further investigation.

11. HIV/AIDS is beginning to spread in the country. According to recent government statistics, there are 587 cases of HIV/AIDS in Azerbaijan, one fifth of which are females. In one half the reported cases, injecting drug use was the main mode of transmission, with sharing of needles the major immediate cause. Knowledge about HIV/AIDS and its prevention is weak. Only one third of 10-18-year olds know about HIV/AIDS and slightly more than the two thirds of young people aged 19-24 years believe that the disease can be prevented. HIV/AIDS is not being addressed with the seriousness warranted, and sociocultural traditions prevent open discussion.

12. Approximately 10 per cent of children do not live in a family environment and a significant number of them live in institutions. Precise numbers are not known, as

no comprehensive survey has been carried out. A prevailing belief that children are better taken care of in an institution, combined with low household income and poor regulatory mechanisms, contributes to this situation.

13. Approximately 24 of Azerbaijan's 65 regions are believed to be contaminated by landmines and unexploded ordnance (UXO). During the first 10 months of 2003, 13 people were killed and a further 12 injured by landmine or UXO explosions. Of the total number of people killed by a landmine or UXO to date, 13 per cent have been children. Unresolved conflict in the region and problems of access rule out mass clearing of landmines.

Key results and lessons learned from previous cooperation, 2000-2004

Key results achieved

14. As part of its contribution to the challenge of child survival, UNICEF developed a partnership with the World Bank to reform the primary health care (PHC) system. The project aims to build up the capacities of the Ministry of Health, to learn from district-level PHC reform interventions and to extend and adjust this approach from the existing five districts to the five new districts selected for wider replication and nationwide policy adoption. Involving the Ministry, UNICEF and the World Bank, the project aims to address the country's problems of child and maternal mortality and morbidity. The project has resulted in rationalization of services for both in-patients and out-patients in the target districts, and in increased community participation in the management and delivery of health services. Capacity-building activities have strengthened the management and clinical capabilities of district health personnel, particularly in the rational use of drugs. These achievements have resulted in increased coverage and utilization of services.

15. The Government committed itself to take over responsibility for the procurement of the vaccines of the expanded programme on immunization as of 2003. The preparation of the Poverty Reduction Strategy Paper (PRSP) provided a major opportunity to include children's and women's rights in the national planning process. Close collaboration with partners ensured that priorities for children and women were central to the national plan to reduce poverty. Additionally, the inclusion of indicators from the multiple indicator cluster survey (MICS) in the monitoring of the PRSP ensures that non-monetary indicators of poverty are included in the statistics.

16. A partnership with the United States Agency for International Development, similar to the one with the World Bank, strengthened PHC services in IDP/refugee camps and contributed to reducing iodine deficiency disorders through universal salt iodization (USI). Kiwanis International also provided support for USI.

17. Major pieces of legislation to protect breastfeeding and promote the use of iodized salt were enacted during the programme period. The consumption of iodized salt increased from 44 per cent of households in 2002 to 70 per cent in 2003, and the sale of iodized salt in the market increased from 30 to 68 per cent in the same period. There was significant progress in developing policies for de-institutionalization of children and for integrated early childhood development (IECD). The law on foster care is currently under discussion by the Parliament and a

partnership is being built with all concerned agencies, including key government agencies under the Cabinet of Ministers, the Ministry of Education and the Commission on Minors, as well as international (Save the Children USA, World Vision) and local (United Aid for Azerbaijan) non-governmental organization (NGOs). The ratification of the European Social Charter and ILO Convention 182 has laid the legal foundation to protect children from exploitation.

18. A network of 25 schools practising active learning approaches has been established, encompassing child-centred, competency-based teaching and learning with parental involvement in school governance. The enrolment rate for pilot schools applying these methods increased by 10 per cent between 2000 and 2002. In five pilot schools, parent-teacher associations (PTAs) have improved school management and helped to bridge the gap between schools and communities. Although new, the experience with PTAs has been successful, according to assessments conducted, and a national conference has agreed that it should be a model for national application. A policy to implement active learning nationwide is currently under preparation.

19. Based on the needs assessment and pilot implementation of IECD, a project is being designed and initial agreement has been reached with the Asian Development Bank to support the Government in scaling up the interventions from pilot to national level. The pilot interventions have demonstrated that parents, when organized into community action teams and given support, can ensure the availability of funds to sustain the centres, thus providing a sustainable model of a community-based approach to child care and child-rearing. Additionally, the knowledge and skills of care providers and parents have been strengthened, resulting in better early learning experiences for young children from some of the poorest families.

20. The concept of youth participation has evolved considerably, with children and young people beginning to be seen as partners who can make a unique contribution in their country. The active participation of children and youth in several programme activities has proved to be a major asset. The importance of the youth resource centres established by the Ministry of Education was validated by an external evaluation conducted in 2002.

Lessons learned

21. The previous country programme was structured along sectoral lines, with components focusing on health and nutrition, education, special protection, young people's health and development and planning and policy development. Under this structure, it proved difficult to achieve integration and focus on key goals and results requiring the contribution of different programmes. As indicated above, some significant gains were made during the programme period, but child survival must and will remain a priority for UNICEF. In addition, however, experience has shown that only by addressing the larger issue of system reform can the problems facing children be adequately addressed. Therefore, through strategic use of UNICEF resources, the new programme will focus on support to policy development and implementation; building of family and community capacities to care for children (as in the development of PTAs under the active learning programme or the PHC reform project); and development of institutional capacities to provide the services needed to ensure children's rights.

22. The problem of children being placed in institutions is very complex, and recent experiences demonstrate the need for a systemic approach. It should combine social support for families at risk with the promotion of inclusive services and reform of the child-care system, including the availability of family-based care alternatives. As a result of advocacy work, the Government has committed, as part of the PRSP, to enhance administrative structures for an efficient management and delivery of social assistance. This will include the implementation of targeted social benefits, the development of a training curriculum for social workers and the reintegration of institutionalized children into their biological families.

23. The establishment of community health councils has proven to be successful in enhancing community participation in the management of health services, within the overall framework of the PHC project supported by the World Bank. Community members have discovered the difference they can make in their own lives with little financial support. This initiative demonstrates that information, communication and community involvement enable community members to identify health concerns relevant to them and to develop local plans to enhance public health services.

The country programme, 2005-2009

Summary budget table

	(In thousands of United States dollars)		
Programme	*Regular resources*	*Other resources*	*Total*
Policy, planning and advocacy	1 490	1 700	3 190
Community-based integrated services	2 770	3 000	5 770
Cross-sectoral costs	500	-	500
Total	**4 760**	**4 700**	**9 460**

Preparation process

24. The preparation of the 2004-2009 programme of cooperation began in 2003 with the formulation of the Common Country Assessment (CCA), a process that continued through the preparation of the United Nations Development Assistance Framework (UNDAF), which was finalized in March 2004.

25. The UNICEF programme is based on the CCA, the UNDAF and national priorities as outlined by the PRSP. It is the result of intense consultations with government and other partners, including civil society organizations (CSOs), bilateral development agencies, children and young people. A Joint Strategy Meeting including the Government, CSOs, children and young people, endorsed the UNDAF and the proposed UNICEF programme of cooperation. Priority areas of action addressed by the UNDAF are twofold, with the first one related to ensuring an enabling environment for development, poverty reduction, and respect for rights and freedoms by the system of governance; and the second one focusing on basic needs of the population for health and education.

Goals, key results and strategies

26. The overarching goal of the programme is to support the Government in progressively realizing the rights of children and women and creating an enabling environment for children. In doing so, it aims to enhance capacities of families, communities and civil society to nurture and protect children, with a strategic focus on the most vulnerable groups.

27. Improved survival and nutritional status of children and women will be a key outcome of the country programme, as will increased participation of children and women, and enhanced protection of children from abuse, neglect, violence and exploitation. More children will grow up in a family environment. In order to achieve these outcomes, the capacity of the Government, local authorities and communities to plan, manage, and implement integrated programmes for children and women will be strengthened. There will be a concerted effort to improve emergency preparedness capacities.

28. In order to effectively achieve these results, the country programme will operate at both national and subnational levels. At the national level, policy development will be based on lessons learned from successful demonstration projects based on feedback from focus districts, as well as international best practices. A key factor in policy development will be strengthening national capacities for data collection and management of information systems in accordance with international standards.

29. At the local level, in eight selected focus districts covering approximately 10 per cent of the country's population, an integrated approach will be adopted for multisectoral activities and services to benefit women, children and young people. Community-driven models of early childhood education and development will be implemented. Family-based approaches to protect children and promote their participation will be implemented, adopting lessons learned from the PHC reform project and other integrated community-based interventions. "Youth-friendly" services will be supported. The intention is both to demonstrate good practices which have the potential for scaling up nationally and to reduce disparities in terms of access to quality services. The focus districts will be selected based on a set of criteria including their vulnerability, high mortality and morbidity rates, higher than the average malnutrition rates and low rates of school attendance and completion.

30. Expanding and sustaining partnerships will be vital for creating an environment conducive to the realization of children's and women's rights. New partnerships with district authorities, as part of decentralization and integration at local levels, will be central to the programme. Other key partners will include the Office of the Ombudsman for Human Rights and the National Parliament. Other key constituencies for children, such as the legal profession, CSOs and the business sector, both national and international, will be an important focus for building partnerships.

31. The programme will address the needs and rights of key vulnerable groups, one of the largest and most important of which is IDPs. Working within the framework of the Guiding Principles on Internal Displacement, UNICEF will support the Government in delivery of social services to IDPs.

Relationship to national priorities and the UNDAF

32. The country programme directly addresses several key national priorities as stated in the PRSP. These include improved quality of and equity in access to, basic health and education services, reform of the existing system of social protection to give more effective protection to the vulnerable, and improved living conditions and opportunities of refugees and IDPs. The country programme is derived from the UNDAF and contributes to the achievement of three of its four outcomes, namely: (a) the State will improve its delivery of services and its protection of rights, with the involvement of civil society and in compliance with its international commitments; (b) improved health and nutrition, particularly of women, children and vulnerable groups; and (c) improved quality of education.

Relationship to international priorities

33. The UNDAF and the UNICEF programme are informed by the Millennium Development Goals, the goals of *A World Fit for Children* and the priorities of the UNICEF medium-term strategic plan. The Convention on the Rights of the Child and the Convention on the Elimination of all Forms of Discrimination against Women also form the foundation for the country programme.

Programme components

Policy, planning and advocacy

34. The programme will address gaps in the legislative framework in the area of child rights, the poor translation of legislation into good policy and practices, the poor or lack of capacity of individuals and institutions responsible for ensuring children's and women's rights, and the need to improve and standardize data for some key indicators.

35. The programme will seek to impact the policy-making environment. Through advocacy, it will strengthen information systems in order to make planning more responsive to the situation of children and women. It will also improve reporting on and monitoring of the country's obligations under the Convention on the Rights of the Child. In addition, this programme will be the focus for emergency preparedness, including mine-awareness education for children and advocacy for the ratification of the Ottawa Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-Personnel Mines and on their Destruction.

36. UNICEF will specifically work in the area of social policy to support the development and implementation of legislation, policy and plans of action in the areas of health, nutrition, education, child development, child protection and young people's health, development and participation. This will include policy support for scaling up of key activities, especially the active learning initiative, PTAs and youth resource centres, as well as the implementation of the PHC reform.

37. Special emphasis will be on research and analysis to further develop management information systems in the health and education sectors. Birth and death registration will be given priority, along with generating data on children in needs of special protection. The *DevInfo* system will be used to track progress towards the Millennium Development Goals and assess the situation of children and women. The programme will also strengthen emergency preparedness and response

by monitoring and updating scenarios and contingency plans, and building up national capacities for contingency planning.

38. The programme will have a component on capacity-building and monitoring of children's and women's rights, within the framework of the two Conventions, by relevant government counterparts, including the Cabinet of Ministers and the Ministry of Foreign Affairs. Additionally, it will support the building of the capacities of the Ombudsman's Office, an important new partner in implementing and monitoring child rights. Government staff in key ministries will be more knowledgeable on the provisions of the two Conventions and about human rights in general.

39. Strong and effective partnerships and alliance-building with the media, parliamentarians, academic institutions, NGOs and the private sector on child rights and needs will, through advocacy and communication, increase the knowledge information base in the country. The participation of children and youth in the development of high-quality media products will increase media coverage on issues affecting children and youth. A course on children's rights will be included in the curriculum for training journalists.

40. Regular resources will be used to implement the minimum of activities necessary to achieve the stated results. Other resource will provide further opportunities for additional support to development of the planning capacities of government institutions and support additional studies and research for enhanced evidence-based advocacy and capacity-building of key constituencies for children.

Community-based integrated services

41. This programme will address the lack of integrated programmes for women and children, the lack of experience in community and district-level planning for, and management of, social services, and the need for system reform both to promote the obligations of service providers and to strengthen rights of communities and families to demand those services. The programme will target focus districts using integrated services and will demonstrate a more effective, community-driven model of comprehensive child care and protection. The programme will draw on community participation methods tested in the previous programme of cooperation.

42. Through a health and nutrition component, the programme will aim to strengthen the service-delivery system and develop community and family care schemes. All health facilities in the focus districts will implement the Integrated Management of Childhood Illness approach, utilize safe motherhood and care practices for newborns and improve support for breastfeeding and access to micronutrients. It will also emphasize protection of children from abuse, as well as early identification of, and response to, childhood disability. Emphasis will be on improving the accessibility, affordability and quality of services. Such services will be accountable to the communities that use them and will be more responsive to the needs of vulnerable children and families.

43. Appropriate health, nutrition and child-rearing practices for the young child will be promoted through community and service-delivery channels. Existing mothers' support groups, currently promoting breastfeeding, will focus on appropriate child-care practices, including immunization and early childhood stimulation. In immunization, the programme will focus on improved recording,

reporting and use of vaccination cards, monitoring immunization safety practices and ensuring the availability of the cold chain.

44. A policy for active learning methodologies will be introduced nationwide. The programme will support this national policy in the eight focus districts to ensure that all primary-school students are educated in "child-friendly" schools. These schools will provide a safe, protective environment, where the physical integrity of each child is respected, where no child is discriminated against, where children learn critical thinking and life skills, and the attendance and learning achievements of each child are monitored and followed up. Community-based models of early childhood education and development will be piloted in the focus districts.

45. To ensure that children enjoy their right to be brought up in a family environment, the programme will develop and promote family-based strategies and models of alternative care by including child protection concerns in the protocols and training of health personnel and teachers, and by providing them with the tools needed to identify vulnerable children.

46. A component for young people's health, development and participation will aim to ensure that they have essential knowledge to choose healthy lifestyles. It will increase HIV/AIDS awareness and support prevention of substance abuse and acquisition of necessary life skills. Young people's participation in decisions affecting their lives will be maximized and mainstreamed, including within the family and in the policy-making process.

47. In the area of emergency preparedness and response, communities in the eight focus districts will be able to prepare their own contingency plans to better cope with potential risks.

48. Regular resources will support the delivery of a package of services and capacity-building of key government staff, community leaders and CSOs to support selected communities in the eight focus districts. Other resources will enable the inclusion of additional communities in the same districts, and enhanced partnerships and scaling up of interventions and approaches.

49. **Cross-sectoral costs** will cover recurrent costs, such as operating expenses, including utility bills, transportation, office equipment, as well as cross-sectoral staff costs and their travel.

Major partnerships

50. The Ombudsman's Office for Human Rights will be one of most important partners of UNICEF, monitoring violations of children's rights. A specialized Children's Bureau will be established and able to handle collective and individual cases of rights violations and to advocate for children's rights.

51. Current national effort to de-institutionalize children have fostered a strong network of partners including the European Commission, which is developing a system for financial support to vulnerable families through targeted child allowances. The World Bank and Save the Children USA are also significant actors in the de-institutionalization efforts. World Vision will be instrumental in coordinating community efforts by NGOs.

52. A similar network to develop national polices and plans for IECD has been formed. An important new partner in this effort is the Asian Development Bank,

which is committed to support the development of a policy and allocate resources accordingly.

53. Collaboration with United Nations agencies will take place within the UNDAF. The UNICEF country programme shares outcomes with those of the United Nations Development Programme (HIV/AIDS, poverty monitoring), the United Nations Population Fund (maternal and child health, HIV/AIDS), World Food Programme (education, de-institutionalization, early childhood) and the World Health Organization (HIV/AIDS, PHC reform).

Monitoring, evaluation and programme management

54. An integrated monitoring and evaluation plan will be developed for the coordination of research, monitoring and evaluation of the programme. The plan will provide information for the mid-year and annual reviews with all partners, including annual assessments of experiences in focus districts. A MICS will be conducted in 2005 to inform the progress and keep track of changes. The mid-term review of the programme will be carried out in 2007 and will include an assessment of the focus district strategy. In 2008, UNICEF will support an evaluation of the UNDAF in collaboration with United Nations agencies and government and other partners.

55. Key indicators for monitoring and evaluation purposes include infant, under-five and maternal mortality rates; the HIV/AIDS prevalence rate; the level of awareness of HIV/AIDS among youth; school attendance and completion rates and learning achievements. Specific results will form part of the country programme results framework. Raising the quality of official data to international standards is a key objective of both the UNICEF programme and the UNDAF. *DevInfo* will be introduced and the capacities of counterparts developed to use the system for effective monitoring, evaluation and planning purposes.

56. Responsibility for the overall leadership of the country programme lies with the Government under the auspices of the Cabinet of Ministers. At the district level, management and coordination of the programme will be by the district administration, with quarterly meetings of key Government, UNICEF, other United Nations agencies and non-governmental partners. Representatives of civil society, community members and children and young people will be active participants in these management and coordination meetings.